ISSUE SUP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			403
O.I.P.E. CLASSIFIER	1:	- 45	610
FORMALITY REVIEW			Clarolists
RESPONSE FORMALITY REVIEW	400		2/8/00

INDEX OF CLAIMS

Rejected	N Non-elected
=Allowed	IInterference
(Through numeral) Canceled	A Appeal
- (11110ugii fiumerar) Canceled	O Objected

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Claim Date	Claim Date	Claim Date
Claim Date	Original	Final
	51	101
2 1 1	52	102
3 1 1	53	103
4 4 7	54	104
5	55	105
6	56	106
7 1 1	57	100
8	58	109
9 1 7	59	110
10	60	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11	62	112
12	63	113
13	64	114
15 0	65	115
16	66	116
17	67	117
18	68	118
19	69	119
20	70	120
21	71	121
22	72	122
23	73	123
24	74	124
25	75	125
26	76	126
27	77	127
28 4	78	128
29	79	130
30 1 1	80	131
31	81	132
32 V	82	133
33	83	134
34 1	85	135
35 1 1 1	86	136
36 V V V	87	137
38 1	88	138
39 V	89	139
	90	140
41	91	141
42 5	92	142
1-142	93	143
44 +	94	144
. 45	95	145
46	96	146
47	97	147
48	98	148
49	99	149
50	100	<u> </u>

If more than 150 claims or 10 actions staple additional sheet here

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Best Available Copy